

**Northern Virginia Regional Partnership Planning Project
Psychiatric Hospitals Committee – Approved Minutes
September 17, 2003**

In Attendance:

George Barker, Health Systems Agency of No. VA
Roger Birabin, Loudoun CSB
Sandy Burns, Potomac Hospital
Bryan Dearing, NVCH/Dominion
Carol Gavin, Loudoun Hospital Center
Mike Gilmore, Alexandria CSB
Amanda Goza, NVMHI

Kitty Harold, Virginia Hospital Center
Sharon Jones, Fairfax-Falls Church CSB
Bob Lassiter, Loudoun CSB
L. Jean Reynolds, NVCH
Rita Romano, Prince William CSB
Jim Thur, Fairfax-Falls Church CSB
Patrick Walters, Inova Health System

Introductions and Welcome

Introductions were made and the new attendees were welcomed.

1. Approval of Notes from July 21, 2003 Meeting

The notes from the July 21, 2003 meeting were reviewed and no changes were recommended.

2. Update on Partnership Planning Project Initial Report

- Jim Thur distributed copies of the Initial Report.
- Jim Thur announced that on September 30 he and Lynn DeLacy will be giving a presentation summarizing the Regional Partnership Planning Project's initial report to the Route One Human Services Task Force.
- Jim Thur reported that the DMHMRSAS Commissioner has scheduled a meeting on September 22 in Fishersville to review the Partnership reports. That meeting will be followed by a public comment time during which stakeholders can provide feedback. [NOTE: Due to inclement weather, this meeting date was later changed to October 17.]
- Jim Thur indicated that he will be giving a presentation on the Partnership report at the Virginia Association of Community Services Boards conference on October 8, which will be attended by several State legislators. Included in that presentation will be a description of the Partnership's "Preliminary Public Policy Recommendations." The group reviewed this listing and made minor changes. Mr. Thur indicated that the list will be finalized at the next Partnership Steering Committee meeting.

3. Comments on Partnership Planning Project Report

Jim Thur asked if anyone has comments or questions about the report, that they e-mail him so that the new information can be included in future presentations about the report. The report itself will not be revised at this point.

4. Potential Changes in Regional Beds

Jim Thur indicated that the task of this work group is to focus on strategic, long-range items as well as the cumulative impact of current changes in the number of psychiatric beds in the region.

George Barker noted that an article in the Washington Post that day was just the most recent indication of several potential closures and relocations of private psychiatric services. He said these include HCA's proposed closures of Northern Virginia Community Hospital and Dominion Hospital and their adult psychiatric services along with a loss of 80 psychiatric beds, a proposed relocation of the child and adolescent service at Dominion Hospital to the western part of Ashburn in Loudoun County, and the proposed closure of Inova Alexandria Hospital's 19-bed psychiatric unit.

Mr. Barker said that use of Alexandria's psychiatric unit has decreased and that the unit had only 6.1 patients per day in August. He said that there is only one private psychiatrist practicing there regularly, which presents significant issues for physician coverage. Mr. Barker indicated that Inova has stated it will attempt to accommodate the patients who would use Alexandria's service at its other two psychiatric units. Mr. Barker also said that Inova, which has endured financial losses at Mount Vernon Hospital, is considering adding psychiatric beds there to help offset the elimination of the Alexandria service and beds. He said that a community task force and Inova are currently evaluating that hospital's future, which could include moving to a new location still in southeastern Fairfax County but west of the current site. He said that Mount Vernon would face limitations in how much additional psychiatric capacity could be gained in the current building but could have more flexibility in sizing a psychiatric unit in a new building.

Mr. Barker also discussed the proposed closure of Northern Virginia Community and Dominion Hospitals and the construction of a new hospital in Ashburn. There was a public hearing in Loudoun on HCA's proposal to build the new hospital in Ashburn, after which a committee of the Health Systems Agency of Northern Virginia (HSANV) recommended rejecting the proposal. The HSANV Board will make its recommendation soon. Then there will be a fact-finding conference in Richmond in late October or November, after which a hearing officer will make his recommendation to the Commissioner of Health. A decision by the Commissioner is expected in early 2004.

Mr. Barker noted that Dominion Hospital currently serves as a regional provider of psychiatric services for youth and said moving the program to Ashburn would make access difficult for many families. He said that a similar proposal last year was rejected by the Commissioner of Health, with access for children and adolescents one of the concerns expressed. Mr. Barker said that this year's proposal raises even greater concerns regarding availability of psychiatric services because the previous application proposed an adult psychiatric service and a smaller reduction in psychiatric beds. He said that the HSANV staff have suggested combining the two hospitals in a renovated and expanded or rebuilt hospital on the current Northern Virginia Community Hospital site, which would be much more central to the patients now served. Bryan Dearing said that Ashburn would be closer than Falls Church to adolescents served until recently in a unit at the hospital in Winchester.

Mr. Thur added that Pineville, an 18-bed adult psychiatric facility in Culpeper, has recently announced it will be closing. Carol Gavin noted that Loudoun Hospital has been getting patients from Pineville and expects to see more patients from that area with the current program closing.

Mr. Barker reported that Loudoun Hospital recently got permission to add 10 psychiatric beds, bringing their total to 22. He said that those beds should be available by early next year.

In a related item, Mr. Thur reported that a representative of Snowden in Fredericksburg is interested in joining both this work group and the Steering Committee. Mr. Thur has forwarded him meeting information.

5. Review of Patient Characteristics Profile Survey Results

Jim Thur indicated that the effort to gather patient characteristics is intended to help with discussing the roles of both private and public psychiatric hospitals. Amanda Goza indicated that data was received from Potomac and Loudoun Hospitals, and briefly reviewed their data. Completed surveys are still needed for Dominion Hospital and all three Inova Hospitals. There was some question on the wording of the survey question regarding the ability of patients to communicate. There were also questions regarding the comorbidity and the severity of other conditions. Amanda and Lynn DeLacy will decide if a revised survey is needed. Mr. Thur indicated that all data needs to be collected prior to December, as set forth in the group's work plan. Mr. Thur added that having this data will be helpful for everyone involved.

6. Review of Regional Work Plan – This item was postponed.

7. Development of Private Psychiatric Hospital Group Work Plan

Jim Thur indicated that the biggest future task of the group is role clarification, and solicited other issues that the group would like to address. After some discussion, it was decided that the implications of the Recovery Model would be a good topic for discussion, possibly at the November meeting.

Sandy Burns asked about the status of holding meetings between psychiatrists and physicians regarding the use of restraints and psychiatric medications. Jim Thur replied that Medical Directors from Fairfax CSB and the Institute are planning to meet with this group to have a preliminary discussion on how best to go about this task.

8. Future Meeting Schedule

Next Meeting:

October 15, 2003, 1:00 p.m. – 3:00 p.m.

Fairfax County Government Center, Conference Room 232

Focus on: Review of patient characteristic survey results and discussion of roles

9. Other Items

None.